

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Laborers Local 214 Pension Fund
23 Mitchell Street
Oswego, NY 13126
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-0876163

Provide your office and home telephone no.

OFFICE: (315) 343-1666

HOME: (315) 413-0225

Taxpayer I.D. Number (Social Security No.)
16-0876163

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 34.23
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | <u></u> |
| b. I owe the Broker securities | <u></u> | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
<u></u>	<u>\$7,512,500.16</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Beacon Associates</u>	<u></u>	<u></u>
<u></u>	<u>SIPC Claim; the above estimated</u>	<u></u>	<u></u>
<u></u>	<u>Amount is the Claimant's Share</u>	<u></u>	<u></u>
<u></u>	<u>of the Madoff loss only.</u>	<u></u>	<u></u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/27/09 Signature *Cynthia Castaldi*
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
OSWEGO LABORERS' LOCAL 214 PENSION FUND
[EIN #16-0876163]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Cynthia Castaldo, Administrator
Oswego Laborers' Local 214 Pension Fund
23 Mitchell Street
Oswego, New York 13126
Telephone: (315) 343-1666

EXHIBIT B

RESOLUTION

WHEREAS, the Oswego Laborers' Local 214 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.


THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Cynthia Castaldo, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

OSWEGO LABORERS' LOCAL 214 PENSION FUND

Dated: 2/24/09

By:


William F. Shannon, Union Trustee

Dated: 2-24-09

By:


David Henderson, Jr., Union Trustee

Dated: 02-24-09

By: Michael Blasczienski
Michael Blasczienski, Union Trustee

Dated: 2-24-09

By: Earl N. Hall
Earl N. Hall, Employer Trustee

Dated: _____

By: Attached
Paul Castaldo, Employer Trustee

Dated: FEB 24 2009

By: Earl R. Hall
Earl R. Hall, Employer Trustee

klc/Madoff/OswegoLabPF/SIPC Resolution - Indirect

RESOLUTION

WHEREAS, the Oswego Laborers' Local 214 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Cynthia Castaldo, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**OSWEGO LABORERS' LOCAL 214
PENSION FUND**

Dated: _____

By: _____
William F. Shannon, Union Trustee

Dated: _____

By: _____
David Henderson, Jr., Union Trustee



Dated: _____

By: _____
Michael Blasczienski, Union Trustee

Dated: _____

By: _____
Earl N. Hall, Employer Trustee

Dated: 2.25.09

By: 
Paul Castaldo, Employer Trustee

Dated: _____

By: _____
Earl R. Hall, Employer Trustee

klc/Madoff/OswegoLabPF/SIPC Resolution - Indirect

OSWEGO LABORERS' LOCAL 214 PENSION FUND
(EIN # 16-0876163)

UNION TRUSTEES

William F. Shannon
Oswego Laborers' Local 214 Pension Fund
c/o Upstate Laborers District Council
200 Salina Meadows Parkway
Suite 210
Syracuse, New York 13212
Telephone: (315) 413-0225

David Henderson, Jr.
Oswego Laborers' Local 214 Pension Fund
23 Mitchell Street
Oswego, New York 13126
Telephone: (315) 343-7661

Michael Blasczienski
Oswego Laborers' Local 214 Pension Fund
103 Dietrich Road
Oswego, New York 13126
Telephone: (315) 592-4041

EMPLOYER TRUSTEES

Earl N. Hall
Oswego Laborers' Local 214 Pension
Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-9936

Paul Castaldo
Oswego Laborers' Local 214 Pension
Fund
c/o Paul A. Castaldo, Inc.
11 Fourth Avenue, Suite D
Oswego, New York 13126
Telephone: (315) 343-7980

Earl R. Hall
Oswego Laborers' Local 214 Pension
Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-4050

PLUMBERS & PIPEFITTERS
#112
FUNDS OFFICE

11 Griswold St., P.O. Box 670
Binghamton, NY 13902



Phone: (607) 722-1883
Fax: (607) 724-4708

February 26, 2009

Irving H. Picard, Esq
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Plumbers Local 112 Health Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

PLUMBERS LOCAL 112 HEALTH FUND

George Fish,
Fund Administrator

Enclosure(s)

GF/td

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Plumbers Local 112 Health Fund
11 Griswold Street
Binghamton, New York 13904
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-6053348

Provide your office and home telephone no.

OFFICE: (607) 732-1883

HOME: (607) 771-8178

Taxpayer I.D. Number (Social Security No.)
16-6053348

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 5.05
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form.

\$ -0-

- d. If balance is zero, insert "None."

None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. if yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
	<u>\$1,108,988.12</u>	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

if you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/27/2009 Signature James H. Rounde
Date 8/27/2009 Signature Lylo D. Facett

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
PLUMBERS LOCAL 112 HEALTH FUND
[EIN #16-6053348]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Bernard T. King, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

George Fish, Fund Administrator
Plumbers Local 112 Health Fund
11 Griswold Street
P.O. Box 670
Binghamton, New York 13902
Telephone: (607) 722-1883

EXHIBIT B

RESOLUTION

WHEREAS, the Plumbers, Pipe Fitters and Apprentices Local 112 Health Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James Rounds, Chairman Trustee, and Lyle Fassett, Secretary Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**PLUMBERS, PIPE FITTERS AND APPRENTICES
LOCAL 112 HEALTH FUND**

Dated: 2/19/09

By: 
James Rounds, Union Trustee

Dated: _____

By: _____
Bernard Lubeck, Union Trustee

RESOLUTION

WHEREAS, the Plumbers, Pipe Fitters and Apprentices Local 112 Health Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James Rounds, Chairman Trustee, and Lyle Fassett, Secretary Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**PLUMBERS, PIPE FITTERS AND APPRENTICES
LOCAL 112 HEALTH FUND**

Dated: _____

Dated: 2/19/09

By: _____
James Rounds, Union Trustee

By: B. M. Lubeck
Bernard Lubeck, Union Trustee

Dated: 2/19/09

By: Donald Darcangelo
Donald Darcangelo, Union Trustee

Dated: _____

By: _____
Douglas McMaster, Union Trustee

Dated: _____

By: _____
Scott McPherson, Union Trustee

Dated: _____

By: _____
Wayne L. Howard, Employer Trustee

Dated: _____

By: _____
James Lewis, Employer Trustee

Dated: _____

By: _____
Louis A. Falvo, Jr., Employer Trustee

Dated: _____

By: _____
Lyle Fassett, Employer Trustee

Dated: _____

By: _____
Richard Schmalz, Employer Trustee

klc/Madoff/ResolutionSIPC HF

Dated: _____

By: _____

Donald Darcangelo, Union Trustee

Dated: Feb. 21-09

By: _____

Douglas McMaster

Douglas McMaster, Union Trustee

Dated: _____

By: _____

Scott McPherson, Union Trustee

Dated: _____

By: _____

Wayne L. Howard, Employer Trustee

Dated: _____

By: _____

James Lewis, Employer Trustee

Dated: _____

By: _____

Louis A. Falvo, Jr., Employer Trustee

Dated: _____

By: _____

Lyle Fassett, Employer Trustee

Dated: _____

By: _____

Richard Schmalz, Employer Trustee

klc/Madoff/ResolutionSIPC HF

Dated: _____

By: _____
Donald Darcangelo, Union Trustee

Dated: _____

By: _____
Douglas McMaster, Union Trustee

Dated: 2/19/09

By: Scott McPherson
Scott McPherson, Union Trustee

Dated: _____

By: _____
Wayne L. Howard, Employer Trustee

Dated: _____

By: _____
James Lewis, Employer Trustee

Dated: _____

By: _____
Louis A. Falvo, Jr., Employer Trustee

Dated: _____

By: _____
Lyle Fassett, Employer Trustee

Dated: _____

By: _____
Richard Schmalz, Employer Trustee

klc/Madoff/ResolutionSIPC HF

Dated: _____

By: _____

Donald Darcangelo, Union Trustee

Dated: _____

By: _____

Douglas McMaster, Union Trustee

Dated: _____

By: _____

Scott McPherson, Union Trustee

Dated: 2/22/09

By: _____

Wayne L. Howard
Wayne L. Howard, Employer Trustee

Dated: _____

By: _____

James Lewis, Employer Trustee

Dated: _____

By: _____

Louis A. Falvo, Jr., Employer Trustee

Dated: _____

By: _____

Lyle Fassett, Employer Trustee

Dated: _____

By: _____

Richard Schmalz, Employer Trustee

klc/Madoff/ResolutionSIPC HF

Dated: _____

By: _____
Donald Darcangelo, Union Trustee

Dated: _____

By: _____
Douglas McMaster, Union Trustee

Dated: _____

By: _____
Scott McPherson, Union Trustee

Dated: _____

By: _____
Wayne L. Howard, Employer Trustee

Dated: 2.24.09

By:  _____
James Lewis, Employer Trustee

Dated: _____

By: _____
Louis A. Falvo, Jr., Employer Trustee

Dated: _____

By: _____
Lyle Fassett, Employer Trustee

Dated: _____

By: _____
Richard Schmalz, Employer Trustee

klc/Madoff/ResolutionSIPC HF

Subj: Re: SIPC health forms
Date: 2/26/2009 7:38:54 A.M. Eastern Standard Time
From: LFalvojr
To: Tctclyle

Lyle; my mail comes from Florida and takes at least three days and sometimes four days. I sent the letter back on the same day I received it.

louis

In a message dated 2/25/2009 2:27:16 P.M. Pacific Standard Time, Tctclyle writes:

Hi Jim and Lou, I just returned from George Fish's office and he is waiting for your signatures on the forms he sent out on the 18th of Feb. Will you please get these back to him as the forms Jim Rounds and I have to sign and get sent in has to acknowledge everyones signatures. You should have received return addressed, stamped envelopes. We need these no later than Friday, the 27th. Thanks for your attention to this matter. Lyle

A Good Credit Score is 700 or Above. See yours in just 2 easy steps!

A Good Credit Score is 700 or Above. See yours in just 2 easy steps!

Wendy L. Richardson

From: Kelly L. Cook
Sent: Monday, March 02, 2009 9:50 AM
To: Wendy L. Richardson
Subject: FW: Plumbers 112 HF
Attachments: SIPC Health - Falvo Sig.pdf

This goes with the HF SIPC claim.

-----Original Message-----

From: George Fish [mailto:one12funds@yahoo.com]
Sent: Monday, March 02, 2009 9:45 AM
To: Kelly L. Cook
Subject: Fw:

Kelly, Lou's signed resolution. George

--- On Mon, 3/2/09, Tara DeNucci <lu112healthfund@yahoo.com> wrote:

> From: Tara DeNucci <lu112healthfund@yahoo.com>
> Subject:
> To: "George Fish" <one12funds@yahoo.com>
> Date: Monday, March 2, 2009, 9:43 AM
> Thank you,
> Tara
>
> Plumbers & Pipefitters Local Union #112 Funds Office - PO Box 670,
> Binghamton, NY 13902
> 607-722-1883 ~ 607-724-4708 fax
>
> Disclaimer: The information contained within is intended only for the
> person or entity to which it is addressed and may contain confidential
> and/or privileged material protected by Federal Confidentiality Rules.
> These rules prohibit you from making any further disclosures unless
> further disclosure is expressly permitted with the written consent of
> the person to whom it pertains. If the reader of this message is not
> the intended recipient, any review, disclosure, distribution, or
> copying of this message, including any attachments, is strictly
> prohibited. If you are not the intended recipient, please contact us
> at the address above.

RESOLUTION

.....**WHEREAS**, the Plumbers, Pipe Fitters and Apprentices Local 112 Health Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James Rounds, Chairman Trustee, and Lyle Fassett, Secretary Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**PLUMBERS, PIPE FITTERS AND APPRENTICES
LOCAL 112 HEALTH FUND**

Dated: _____

By: _____
James Rounds, Union Trustee

Dated: _____

By: _____
Bernard Lubeck, Union Trustee

Dated: _____

By: _____

Donald Darcangelo, Union Trustee

Dated: _____

By: _____

Douglas McMaster, Union Trustee

Dated: _____

By: _____

Scott McPherson, Union Trustee

Dated: _____

By: _____

Wayne L. Howard, Employer Trustee

Dated: _____

By: _____

James Lewis, Employer Trustee

Dated: 2/23/09

By: _____

Louis A. Falvo, Jr.
Louis A. Falvo, Jr., Employer Trustee

Dated: _____

By: _____

Lyle Fassett, Employer Trustee

Dated: _____

By: _____

Richard Schmalz, Employer Trustee

klc/Madoff/ResolutionSIPC HF

Dated: _____

By: _____

Donald Darcangelo, Union Trustee

Dated: _____

By: _____

Douglas McMaster, Union Trustee

Dated: _____

By: _____

Scott McPherson, Union Trustee

Dated: _____

By: _____

Wayne L. Howard, Employer Trustee

Dated: _____

By: _____

James Lewis, Employer Trustee

Dated: _____

By: _____

Louis A. Falvo, Jr., Employer Trustee

Dated: 2/25/09

By: _____

Lyle D. Fassett
Lyle Fassett, Employer Trustee

Dated: _____

By: _____

Richard Schmalz, Employer Trustee

klc/Madoff/ResolutionSIPC HF

Dated: _____

By: _____
Donald Darcangelo, Union Trustee

Dated: _____

By: _____
Douglas McMaster, Union Trustee

Dated: _____

By: _____
Scott McPherson, Union Trustee

Dated: _____

By: _____
Wayne L. Howard, Employer Trustee

Dated: _____

By: _____
James Lewis, Employer Trustee

Dated: _____

By: _____
Louis A. Falvo, Jr., Employer Trustee

Dated: _____

By: _____
Lyle Fassett, Employer Trustee

Dated: 2/20/09

By: 
Richard Schmalz, Employer Trustee

klc/Madoff/ResolutionSIPC HF

PLUMBERS LOCAL 112 HEALTH FUND
EIN # 16-6053348

UNION TRUSTEES

Donald Darcangelo
Plumbers Local 112 Health Fund
11 Griswold Street
P.O. Box 670
Binghamton, New York 13902
Telephone: (607) 722-1883

Bernard Lubeck
Plumbers Local 112 Health Fund
11 Griswold Street
P.O. Box 670
Binghamton, New York 13902
Telephone: (607) 722-1883

Douglas McMaster
Plumbers Local 112 Health Fund
11 Griswold Street
P.O. Box 670
Binghamton, New York 13902
Telephone: (607) 722-1883

Scott A. McPherson
Plumbers Local 112 Health Fund
11 Griswold Street
P.O. Box 670
Binghamton, New York 13902
Telephone: (607) 722-1883

James Rounds
Plumbers Local 112 Health Fund
11 Griswold Street
P.O. Box 670
Binghamton, New York 13902
Telephone: (607) 722-1883

EMPLOYER TRUSTEES

Louis A. Falvo, Jr.
Plumbers Local 112 Health Fund
c/o HJ Brandeles Corp
300 Lafayette Street
Utica, New York 13502
Telephone: (315) 733-6346

Lyle D. Fassett
Plumbers Local 112 Health Fund
18 Stewart Road
Conklin, New York 13748
Telephone: (607) 722-1883

Wayne L. Howard
Plumbers Local 112 Health Fund
84 NY Route 7
P.O. Box 9
Port Crane, New York 13833
Telephone: (607) 729-1111

James L. Lewis
Plumbers Local 112 Health Fund
P.O. Box 38
Chenango Forks, New York 13746
Telephone: (607) 648-8526

Richard Schmalz
Plumbers Local 112 Health Fund
529 Oriskany Street West
Utica, New York 13502
Telephone: (315) 797-0858

ROOFERS' LOCAL 195 HEALTH, PENSION & ANNUITY FUNDS

6200 State Route 31 ● Cicero, New York 13039 ● Phone (315) 699-1388 ● Fax (315) 699-1390

February 26, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities L.L.C.
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Roofers Local 195 Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Roofers Local 195 Annuity Fund



Patricia A. Redhead
Plan Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Roofers Local 195 Annuity Fund
6200 State Route 31
Cicero, NY 13039
Andover Associates,
Madoff Account #: 1-A0061
Tax ID #: 14-1721374

Provide your office and home telephone no.

OFFICE: (315) 699-1388

HOME: (315) 439-4522

Taxpayer I.D. Number (Social Security No.)

14-1721374

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 156.94

b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ - 0 -

- d. If balance is zero, insert "None."

None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$103,920.86</u>	<u>X</u>	
	<u>Please refer to Andover Associates</u>		
	<u>SIPC Claim: the above estimated</u>		
	<u>Amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date

2/26/09

Signature

Catherine Becker

Date

Signature

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
ROOFERS LOCAL 195 ANNUITY FUND**
[EIN #14-1721374]

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Patricia Redhead, Plan Manager
Roofers Local 195 Annuity Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1388

EXHIBIT B

RESOLUTION

WHEREAS, the Roofers' Local 195 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Patricia Redhead, Plan Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.


For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ROOFERS' LOCAL 195 ANNUITY FUND

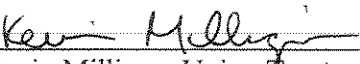
Dated: 2/20/09

By: Ronald E. Haney
Ronald E. Haney, Union Trustee

Dated: 2-20-09

By: 
Gerald Crouse, Union Trustee

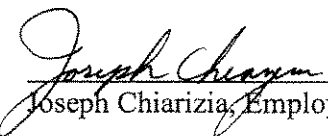
Dated: 2/20/09

By: 
Kevin Milligan, Union Trustee

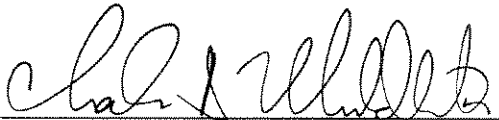
Dated: 2/23/09

By: 
Richard Anderson, Employer Trustee

Dated: 2-20-09

By: 
Joseph Chiarizia, Employer Trustee

Dated: 2/24/09

By: 
Charles D. Middleton, Employer Trustee

**LIST OF TRUSTEES AND CONTACT INFORMATION FOR
ROOFERS' LOCAL 195 ANNUITY FUND
(EIN # 14-1721374)**

Mr. Ronald E. Haney, Chairman, Union Trustee
Roofers' Local 195 Annuity Fund

6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1808

Gerald W. Crouse, Union Trustee
Roofers' Local 195 Annuity Fund
c/o 6680 State Highway 5
Fort Plain, New York 13339
Telephone: (518) 993-2842

Mr. Kevin Milligan, Union Trustee
Roofers' Local 195 Annuity Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1808

Mr. Richard Anderson, Secretary, Union Trustee
Roofers' Local 195 Annuity Fund
c/o WCA Roofing and Sheet Metal
P.O. Box 399
East Syracuse, New York 13057
Telephone: (315) 463-5291

Mr. Joseph Chiarizia, III, Employer Trustee
Roofers' Local 195 Annuity Fund
c/o Josall Syracuse, Inc.
P.O. Box 158
Eastwood Station
Syracuse, New York 13206
Telephone: (315) 463-9214

Mr. Charles D. Middleton, Employer Trustee
Roofers' Local 195 Annuity Fund
c/o DeWald Roofing Co., Inc.
P.O. Box 479
Central Square, New York 13063
Telephone: (315) 676-2744

ROOFERS' LOCAL 195 HEALTH, PENSION & ANNUITY FUNDS

6200 State Route 31 • Cicero, New York 13039 • Phone (315) 699-1388 • Fax (315) 699-1390

February 26, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities L.L.C.
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Roofers Local 195 Health & Accident Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Roofers Local 195 Health &
Accident Fund



Patricia A. Redhead
Plan Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Roofers Local 195 Health & Accident Fund
6200 State Route 31
Cicero, NY 13039
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-6148181

Provide your office and home telephone no.

OFFICE: (315) 699-1388

HOME: (315) 439-4522

Taxpayer I.D. Number (Social Security No.)

16-6148181

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

- a. The Broker owes me a Credit (Cr.) Balance of \$ 1.79
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ -0-
None

- d. If balance is zero, insert "None."

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	Number of Shares or Face Amount of Bonds	I Owe the Broker (Short)
	<u>\$393,511.91</u>	<u>X</u>		
	<u>Please refer to Beacon Associates</u>			
	<u>SIPC claim; the above estimated</u>			
	<u>amount is the claimant's share</u>			
	<u>of the madoff loss only.</u>			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	<u>X</u>
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	<u>X</u>
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	<u>X</u>
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	<u>X</u>
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	<u>X</u>
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	<u>X</u>

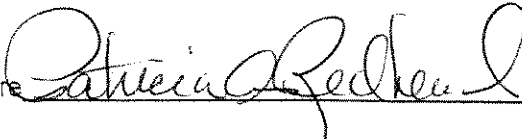
9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. _____

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/26/09 Signature 
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND
[EIN #16-6148181]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Patricia Redhead, Plan Manager
Roofers Local 195 Health and Accident Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1388

EXHIBIT B

RESOLUTION

WHEREAS, the Roofers' Local 195 Health and Accident Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Patricia Redhead, Plan Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

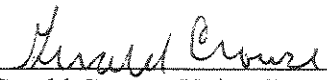
**ROOFERS' LOCAL 195 HEALTH AND
ACCIDENT FUND**

Dated: 2/20/09

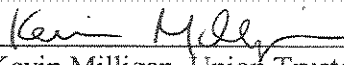
By: Ronald E. Haney

Ronald E. Haney, Union Trustee

Dated: 2-20-09

By: 
Gerald Crouse, Union Trustee

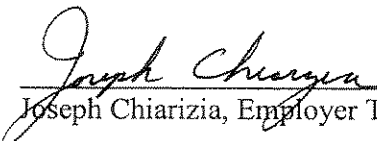
Dated: 2/20/09

By: 
Kevin Milligan, Union Trustee

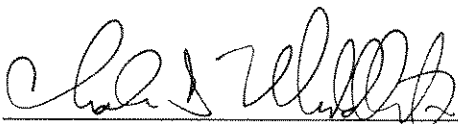
Dated: 2/23/09

By: 
Richard Anderson, Employer Trustee

Dated: 2-20-09

By: 
Joseph Chiarizia, Employer Trustee

Dated: 2/24/09

By: 
Charles D. Middleton, Employer Trustee

**LIST OF TRUSTEES AND CONTACT INFORMATION FOR
ROOFERS' LOCAL 195 HEALTH AND ACCIDENT FUND
(EIN # 16-6148181)**

Mr. Ronald E. Haney, Chairman, Union Trustee
Roofers' Local 195 Health and Accident Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1808

Gerald W. Crouse, Union Trustee
Roofers' Local 195 Health and Accident Fund
c/o 6680 State Highway 5
Fort Plain, New York 13339
Telephone: (518) 993-2842

Mr. Kevin Milligan, Union Trustee
Roofers' Local 195 Health and Accident Fund
6200 State Route 31
Cicero, New York 13039
Telephone: (315) 699-1808

Mr. Richard Anderson, Secretary, Union Trustee
Roofers' Local 195 Health and Accident Fund
c/o WCA Roofing and Sheet Metal
P.O. Box 399
East Syracuse, New York 13057
Telephone: (315) 463-5291

Mr. Joseph Chiarizia, III, Employer Trustee
Roofers' Local 195 Health and Accident Fund
c/o Josall Syracuse, Inc.
P.O. Box 158
Eastwood Station
Syracuse, New York 13206
Telephone: (315) 463-9214

Mr. Charles D. Middleton, Employer Trustee
Roofers' Local 195 Health and Accident Fund
c/o DeWald Roofing Co., Inc.
P.O. Box 479
Central Square, New York 13063
Telephone: (315) 676-2744



CONSTRUCTION EMPLOYERS ASSOCIATION OF CENTRAL NEW YORK INC.
6563 RIDINGS ROAD • SYRACUSE, NEW YORK 13206 • TEL: (315)437-3717 • FAX: (315)437-8644

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Syracuse Builders Exchange, Inc./CEA Pension Plan ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Syracuse Builders Exchange, Inc./CEA Pension
Plan

A handwritten signature in black ink, appearing to read 'Earl N. Hall', is written over the printed name.

Earl N. Hall
Trustee and Secretary

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\SBE-CEAPensionPlan\Income-Plus\Picardltr

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

SBE/CEA Pension Plan
6563 Ridings Road
Syracuse, NY 13206
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-1598223

OFFICE: (315) 437-3717

HOME: (315) 437-4050

Taxpayer I.D. Number (Social Security No.)
15-0464360

15-0464360

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 3.26
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | <u></u> |
| b. I owe the Broker securities | <u></u> | <u>X</u> |
| c. if yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
<u></u>	<u>\$715,476.21</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Beacon Associates</u>	<u></u>	<u></u>
<u></u>	<u>SIPC Claim; the above estimated</u>	<u></u>	<u></u>
<u></u>	<u>amount is the claimant's share</u>	<u></u>	<u></u>
<u></u>	<u>of the Madoff loss only.</u>	<u></u>	<u></u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2-25-09 Signature Paul N. Hall Sec-Trustee
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
SYRACUSE BUILDERS EXCHANGE, INC./CEA PENSION PLAN
[EIN NO. 15-0464360]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Earl N. Hall, Trustee
Syracuse Builders Exchange, Inc./CEA Pension Plan
6563 Ridings Road
Syracuse, NY 13206
Telephone: (315) 437-9936

EXHIBIT B

RESOLUTION

WHEREAS, the Syracuse Builders Exchange, Inc./CEA Pension Plan ("Fund") is an independent functioning single employer ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Earl N. Hall, Secretary and Trustee of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**SYRACUSE BUILDERS EXCHANGE,
INC./CEA PENSION PLAN**

Dated: 2-23-09

By:

Earl N. Hall
Earl N. Hall, Trustee

Dated: 2/24/2009

By:

Samuel Conley
Samuel Conley, Trustee

Dated: 2/27/2009

By:

Robert Henderson
Robert Henderson, Trustee

**SYRACUSE BUILDERS EXCHANGE, INC./CEA PENSION PLAN
(EIN NO. 15-0464360)**

TRUSTEES

Earl N. Hall, Trustee
Syracuse Builders Exchange, Inc./CEA Pension Plan
6563 Ridings Road
Syracuse, NY 13206
(315) 437-9936

Samuel Conley, Trustee
Syracuse Builders Exchange, Inc./CEA Pension Plan
Whiteacre Engineering
4522 Wetzel Road
Liverpool, NY 13090
(315) 437-9936

Robert Henderson, Trustee
Syracuse Builders Exchange, Inc./CEA Pension Plan
Henderson-Johnson Co., Inc.
918 Canal Street
PO Box 6964
Syracuse, NY 13217
(315) 437-9936

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 424 - 1754

HOME: (315) 243 - 4859

Taxpayer I.D. Number (Social Security No.)

15-0613682

vice Employees Benefit Fund
3 West Fayette St., Suite 302
Box 1600
acuse, NY 13201
con Associates,
doff Account #: 1-B0118
ID #: 15-0613682

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 11.57
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If ~~you~~ wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If ~~you~~ wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. if yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$2,539,940.53</u>	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2/26/09 Signature Jamie A. McMahon
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
SERVICE EMPLOYEES BENEFIT FUND**
[EIN #15-0613682]

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Tammy A. McManus, Fund Manager
Services Employees Benefit Fund
1153 West Fayette Street
P.O. Box 1240
Syracuse, New York 13201
Telephone: (315) 424-1754

EXHIBIT B

SERVICE EMPLOYEES BENEFIT FUND
(EIN #15-0613682)

UNION TRUSTEES

Jeremiah Dennis
Service Employees Benefit Fund
1153 West Fayette Street
P.O. Box 1130
Syracuse, NY 13201
Telephone: (315) 424-1750

Elizabeth Golembeski
Service Employees Benefit Fund
1153 West Fayette Street
P.O. Box 1130
Syracuse, NY 13201
Telephone: (315) 424-1750

Alan Davidoff
Service Employees Benefit Fund
P.O. Box 6389
Syracuse, NY 13217
Telephone: (315) 729-7350

George Kennedy
Service Employees Benefit Fund
974 Kenmore Avenue
Buffalo, NY 14216
Telephone: (716) 982-0540

EMPLOYER TRUSTEES

Kevin Brogan
Service Employees Benefit Fund
c/o Loretto
700 Brighton Avenue
Syracuse, NY 13205
Telephone: (315) 424-1750

Robert Wood
Service Employees Benefit Fund
c/o Rosewood Heights Health Center
614 South Crouse Avenue
Syracuse, NY 13210
Telephone: (315) 424-1750



Service Employees Pension Fund of Upstate New York

1153 West Fayette Street, P.O. Box 1600
Syracuse, New York 13201
Phone 315-424-1754 • 800-733-1754
Fax 315-479-9030

155 Washington Avenue
Albany, New York 12210
Phone 518-463-0164 • 800-669-8786
Fax 518-463-0516

Beacon

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinley Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard,

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Service Employees Pension Fund of Upstate New York ("Fund").

Please advise if any additional documents are needed. The Fund looks to receiving payment of the claim as soon as practical.

Sincerely,

Service Employees Pension Fund
of Upstate New York

Beth Barrett
Fund Manager

Enclosures

Madoff SIPC IndirectMadoffInvest Beacon

Syracuse Office

Beth Barrett, Joint Fund Manager
Jackie LaPointe, Benefit Specialist
Caroline Viscome, Fund Accountant

Albany Office

Terri Christian, Benefit Coordinator
Barbara Emma, Benefit Coordinator

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Service Employees Pension Plan of Upstate NY
1153 West Fayette St., P.O. Box 1240
Syracuse, NY 13201
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-0908576

Provide your office and home telephone no.

OFFICE: (315) 424-1754

HOME: (315) 456-9214

Taxpayer I.D. Number (Social Security No.)
116-0908576

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 37.33
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | <u></u> |
| b. I owe the Broker securities | <u></u> | <u>X</u> |
| c. if yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
<u></u>	<u>\$ 8,192,202.56</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Beacon Associates</u>	<u></u>	<u></u>
<u></u>	<u>SIPC Claim; the above estimated</u>	<u></u>	<u></u>
<u></u>	<u>amount is the claimant's share</u>	<u></u>	<u></u>
<u></u>	<u>of the Madoff loss only.</u>	<u></u>	<u></u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date February 27, 2009 Signature Both Barrett
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
SERVICE EMPLOYEES PENSION FUND OF UNY
[EIN #16-0908576]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Beth Barrett, Fund Manager
Service Employees Pension Fund of UNY
1153 West Fayette Street
P.O. Box 1240
Syracuse, New York 13201
Telephone: (315) 424-1754

EXHIBIT B

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**SERVICE EMPLOYEES OF UPSTATE NEW
YORK PENSION FUND**

Dated: _____

By: _____
George Kennedy, Union Trustee

Dated: 2/23/09

By: _____
Jeremiah Dennis, Union Trustee

Dated: _____

By: _____
Melvin Florczak, Employer Trustee

Dated: _____

By: _____
Susan Nicholson, Employer Trustee

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**SERVICE EMPLOYEES OF UPSTATE NEW
YORK PENSION FUND**

Dated: _____

By: _____
George Kennedy, Union Trustee

Dated: _____

By: _____
Jeremiah Dennis, Union Trustee

Dated: _____

Dated: 2/25/09

By: _____
Melyn Florczak, Employer Trustee

By: 
Susan Nicholson, Employer Trustee

klc/Madoff/SEUNYPF/SIPCResolution - Indirect

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**SERVICE EMPLOYEES OF UPSTATE NEW
YORK PENSION FUND**

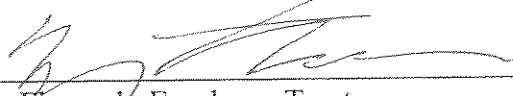
Dated: 2/26/09

By: George Kennedy
George Kennedy, Union Trustee

Dated: _____

By: _____
Jeremiah Dennis, Union Trustee

Dated: 2/26/09

By: 
Melvin Florczak, Employer Trustee

Dated: _____

By: _____
Susan Nicholson, Employer Trustee

SERVICE EMPLOYEES OF UPSTATE NEW YORK PENSION FUND
(EIN #16-098576)

UNION TRUSTEES

Jeremiah Dennis
Service Employees of UNY Pension Fund
1153 West Fayette Street
P.O. Box 1130
Syracuse, NY 13201
Telephone: (315) 424-1750

George Kennedy
Service Employees of UNY Pension Fund
974 Kenmore Avenue
Buffalo, NY 14216
Telephone: (716) 982-0540

EMPLOYER TRUSTEES

Melvin Florczak
Service Employees of UNY Pension
Fund
58 Grand Prix Drive
Cheektowaga, NY 14225
Telephone: (716) 668-0214

Susan Nicholson
Service Employees of UNY Pension
Fund
Menorah Park/Jewish Home
4101 E Genesee St
Syracuse, NY 13214
Telephone: (315) 446-9111

Part 3 Customer Claims Pg 90 of 103
Plumbers & Steamfitters Local 73

Health, Welfare, Retirement and Annuity Funds

P.O. BOX 911

OSWEGO, NEW YORK 13126

(315) 343-1808 • FAX: (315) 343-4184



FEBRUARY 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Local 73 Retirement Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Local 73 Retirement Fund

A handwritten signature in cursive script that reads "James P. Gaffney".

James P. Gaffney
Administrative Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (607) 729-6171

HOME: (607) 723-5293

Taxpayer I.D. Number (Social Security No.)

15-6010577

I.A. Local 73 Retirement Fund
P.O. Box 911
Oswego, NY 13126
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 15-6016577

15-6010577

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 43.36
 - b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ -0-

- d. If balance is zero, insert "None."

None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	\$9,515,833.54	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.
PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date FEB 27, 2009 Signature Patrick A. Caswell
Date FEB 27, 2009 Signature James P. Gifford

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
LOCAL 73 RETIREMENT FUND
EIN #15-6010577**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

James P. Gaffney, Administrative Manager
Local 73 Retirement Fund
705 East Seneca Street
Oswego, New York 13126
Telephone: (315) 343-1808

EXHIBIT B

RESOLUTION

WHEREAS, the Local 73 Retirement Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James P. Gaffney, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

LOCAL 73 RETIREMENT FUND

Dated: 2/20/09

By:

Patrick Carroll
Patrick Carroll, Union Trustee

Dated: 2/20/09

By:

Timothy A. Donovan
Timothy Donovan, Union Trustee

Dated: 02.20.09

By: 

Timothy Rice, Union Trustee

Dated: _____

By: _____

Timothy Donovan, Union Trustee

Dated: _____

By: _____

Christopher Stone, Employer Trustee

Dated: _____

By: _____

Frederick J. Volkomer, Employer Trustee

Dated: _____

By: _____

Frederick J. Volkomer, II, Employer Trustee

Klc\Madoff\Local73RF\misc\RFResolutionBeaconIncPlus

Dated: _____

By: _____
Timothy Rice, Union Trustee

Dated: _____

By: _____
Timothy Donovan, Union Trustee

Dated: 2/20/09

By: Christopher Stone
Christopher Stone, Employer Trustee

Dated: _____

By: _____
Frederick J. Volkomer, Employer Trustee

Dated: _____

By: _____
Frederick J. Volkomer, II, Employer Trustee

K:\Madoff\Local73RF\misc\RFResolutionBeaconIncPlus

Dated: _____

By: _____
Timothy Rice, Union Trustee

Dated: _____

By: _____
Timothy Donovan, Union Trustee

Dated: 2/20/09

By: Christopher Stone
Christopher Stone, Employer Trustee

Dated: _____

By: _____
Frederick J. Volkomer, Employer Trustee

Dated: _____

By: _____
Frederick J. Volkomer, II, Employer Trustee

Dated: _____

By: _____
Timothy Rice, Union Trustee


Dated: _____

By: _____
Christopher Stone, Employer Trustee

Dated: 2-27-09

By: 
Frederick J. Volkomer, Employer Trustee

Dated: 2-27-09

By: 
Frederick J. Volkomer, II, Employer Trustee

Klc\Madoff\Local73RF\misc\RFResolutionBeaconIncPlus

LOCAL 73 RETIREMENT FUND
EIN NO. 15-6010577

UNION TRUSTEES

Christopher J. Stone
Hyde-Stone Mechanical
29 Hatch Road
Potsdam, New York 13676
Telephone: (315) 265-6999

Frederick Volkomer
205 West Albany Street
P.O. Box 1037
Oswego, New York 13126
Telephone: (315) 343-9315

Frederick Volkomer, II
P.O. Box 1037
Oswego, New York 13126
Telephone: (315) 343-9315

EMPLOYER TRUSTEES

Patrick Carroll
65 Baitsell Road
Oswego, New York 13126
Telephone:

Timothy Rice
U.A. Local Union No. 73
P.O. Box 911
Oswego, New York 13126

Timothy Donovan
336 S.W. 8th Street
Oswego, New York 13126
Telephone: